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PTO/SB/01 (12-07)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	INA-PT187 (4364-18-US)
First Named Inventor	Palinta et al.
COMPLETE IF KNOWN	
Application Number	Not Yet Known
Filing Date	Not Yet Known
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention enitled:

TRACTION MECHANISM DRIVE, IN PARTICULAR FOR A BELT DRIVE

the specification of which (Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

02/11/2005

as United States Application Number or PCT International

Application Number:

PCT/EP2005/001374

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Priority Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
10 2004 012 141.9	Germany	03/12/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(e) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information in accordance with 35 U.S.C. 133 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)				
PCT/EP2005/001374	02/11/2005					
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 3624 → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name Namely, the Attorneys of Volpe and Koenig, P.C.	Registration Number	Name Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 3624 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below						
Name VOLPE AND KOENIG, P.C.						
Address						
Address						
City	State	ZIP				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor: Given Name (first and middle if any) Ralph		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Painta				
Inventor's Signature						
Date	27/03/2006					
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Post Office Address						
City	Hagenbuchach	State	ZIP	91469	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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INA-PT187 (4364-18-US)

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	ZIP	Country		

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